2020

## **AR1055-FE**



## STATE OF ARKANSAS REQUEST FOR EXTENSION OF TIME FOR FILING FIDUCIARY TAX RETURNS

lan 1 - Dec 31 2020 or fiscal	vear heginning	or	nd ending	20	Software ID
Jan. 1 - Dec. 31, 2020 or fiscal year beginning  Name of estate or trust			Federal identification number		• Dept. Use Only
•		•			1_
Name and title of fiduciary or t	trustee				APPROVED
•					DENIED: Extension request
Mailing address (Number and street, P.O. box or rural route)					not postmarked by deadline
•					DENIED: Other
City	State or province	ZIP	☐ Check if address is outsider	e U.S.	
•	•	•	Toroigh oddinay name		
filers will have an extens	ion of 180 days fror	n their returr			llendar year filers. Fiscal year
month following the clocommissioner of Reve	ose of the tax year nue to waive the s	r (April 15 <sup>th</sup> tatutory per	for calendar year filers)	). This exten nely if the ret	(15th) day of the fourth (4th) sion is an agreement by the turn is filed by the extension year filers).
	Ilowing address to file is not an ext	P.O. B Little	dual Income Tax Sec ox 8149 Rock, AR 72203-814 ay. Interest and failure	19	ty will be assessed if any tax
due is not paid by the of Make check or money orde		•	r calendar year filers.  of Finance and Administration  of cut here	on"	
AR1055-FE	F		E of ARKANSAS  Extension Paymer	nt	2020
Software ID		Cal Fiscal Year E	endar Year 2020 or Ending (MM/DD/YYYY)		Tax Year
Federal Identification Nu	mber Du	ue Date			
Name					
Address				Amount of this \$ Payment	
	City, State, Zip				Include Cents
Telephone #					(ev. 1.23/1.567.00)